

GENDER DYSPHORIA, NON-SURGICAL TREATMENT

Effective Date: September 25, 2018

Review Dates: 8/18

Date Of Origin: August 8, 2018

Status: New

I. POLICY/CRITERIA

- A. The following non-surgical services are a covered benefit for gender dysphoria; limitations may apply:
1. Mental health services as defined in plan coverage documents and policies.
 2. Hormone therapy when all of the following criteria are met:
 - a. Evaluation and at least three months of mental health therapy for the diagnosis of gender dysphoria by a licensed mental health practitioner.
 - b. Optimal management of any comorbid medical or mental health conditions.
 - c. Member (or parent/guardian) has the capacity to make fully informed decisions and consent to treatment.
 - d. Laboratory testing to monitor hormone therapy is a covered benefit.
 - e. Hormone therapy obtained from a pharmacy is subject to the pharmaceutical cost share/copay of the member's contract.
 - f. Member's contract must include a prescription drug rider.
 3. Hormonal suppression of puberty is a covered benefit when all of the following are met:
 - a. Onset of puberty to at least Tanner Stage 2
 - b. A long-lasting and intense pattern of gender nonconformity or gender dysphoria (whether suppressed or expressed)
 - c. Gender dysphoria worsened with the onset of puberty
 - d. Except in the case of an emancipated minor, parent(s) or guardian(s) consent(s) to treatment, and is(are) involved and supportive in the treatment process
 - e. All of the criteria in 2 above are met (2a-2e)

Note: Implanted hormone therapy is covered at the medical benefit.

- B. Non-surgical services for gender dysphoria are limited to coverage as defined in A1, A2 and A3 above. Non-covered services include, but are not limited to the following:

1. Cosmetic items and services (e.g. cosmetics, hair removal, wigs)
 2. Voice therapy
 3. Reproductive services (e.g. harvest, preservation, storage of eggs or sperm, surrogate parenting). See plan documents and “Infertility Diagnosis and Treatment/Assisted Reproduction/Artificial Conception” and “Sperm & Oocyte Retrieval and Storage” medical policies.
- C. See “Gender Reassignment Surgery” medical policy for coverage of surgical services for gender dysphoria.

II. MEDICAL NECESSITY REVIEW

- Required * Not Required Not Applicable
*Required for certain pharmaceuticals.

III. APPLICATION TO PRODUCTS

Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a*

discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

IV. BACKGROUND

Gender dysphoria is defined as discomfort or distress that is caused by a discrepancy between a person's gender identity and the person's assigned sex at birth (World Professional Association for Transgender Health [WPATH], 2012), including the associated gender role and/or primary and secondary sex characteristics. Gender dysphoria can be alleviated through various treatments, some of which involve a change in gender expression or body modifications, such as hormones and/or surgery.

Mental health professionals play a strong role in working with individuals with gender dysphoria as they need to diagnose the gender disorder and any co-morbid psychiatric conditions accurately, counsel the individual regarding treatment options, and provide psychotherapy (as needed) and assess eligibility and readiness for hormone and surgical therapy. Once the individual is evaluated, the mental health professional provides documentation and formal recommendations to medical and surgical specialists. Documentation recommending hormonal or surgical treatment should be comprehensive and include all of the following:

- individual's general identifying characteristics
- the initial and evolving gender, sexual and psychiatric diagnoses
- details regarding the type and duration of psychotherapy or evaluation the individual received
- documentation of the extent to which eligibility criteria have been met
- the mental health professional's rationale for hormone therapy or surgery
- the degree to which the individual has followed the standards of care and likelihood of continued compliance
- whether or not the mental health professional is a part of a gender team

After diagnosis of gender dysphoria is made, the therapeutic approach is individualized but generally includes three elements: sex hormone therapy of the identified gender, real life experience in the desired role, and surgery to change the genitalia and other sex characteristics.

Hormone replacement therapy (HRT) plays a role in the gender transition process whereby biological males are treated with estrogens and anti-androgens to increase breast size, redistribute body fat, soften skin, decrease body hair, and decrease testicular size and erections. Biological females are treated with testosterone to deepen voice, increase muscle and bone mass, decrease breast size, increase clitoris size, and increase facial and body hair. In both sexes HRT may be effective in reducing the adverse psychological impact of gender dysphoria.

Adolescents may be eligible for puberty suppressing hormones as soon as pubertal changes have begun. In order for adolescents and their parents to make an informed decision about pubertal delay, it is recommended that adolescents experience the onset of puberty to at least Tanner Stage 2. Some children may arrive at this stage at very young ages (e.g., 9 years of age). Studies evaluating this approach only included children who were at least 12 years of age (Cohen-Kettenis, Schagen, Steensma, de Vries, & Delemarre-van de Waal, 2011; de Vries, Steensma et al., 2010; Delemarre-van de Waal, van Weissenbruch, & Cohen Kettenis, 2004; Delemarre-van de Waal & Cohen-Kettenis, 2006).

Two goals justify intervention with puberty suppressing hormones: (i) their use gives adolescents more time to explore their gender nonconformity and other developmental issues; and (ii) their use may facilitate transition by preventing the development of sex characteristics that are difficult or impossible to reverse if adolescents continue on to pursue sex reassignment.

Puberty suppression may continue for a few years, at which time a decision is made to either discontinue all hormone therapy or transition to a feminizing/masculinizing hormone regimen. Pubertal suppression does not inevitably lead to social transition or to sex reassignment.

The individual identified with gender dysphoria also undergoes what is referred to as a “real life experience”, prior to irreversible genital surgery, in which he/she adopts the new or evolving gender role and lives in that role as part of the transition pathway. This process assists in confirming the person’s desire for gender role change, ability to function in this role long-term, as well as the adequacy of his/her support system. During this time, a person would be expected to maintain their baseline functional lifestyle, participate in community activities, and provide an indication that others are aware of the change in gender role.

V. CODING INFORMATION - services and medical pharmaceuticals should be reported with the following diagnoses:

- F64.1 Gender identity disorder in adolescence and adulthood
- F64.2 Gender identity disorder of childhood
- F64.8 Other gender identity disorders
- F64.9 Gender identity disorder, unspecified
- Z87.890 Personal history of sex reassignment

VI. REFERENCES

1. Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7th Version. The World Professional Association for Transgender Health (WPATH). www.wpath.org
2. Gender Dysphoria Non-Surgical Treatment Benefit Policy, Health Alliance Plan, 2017.
3. Transgender Services Medical Policy, Blue Cross/Blue Shield/Blue Care Network of Michigan, 5/1/2018.
4. Up-to-date. Management of gender nonconformity in children and adolescents. Accessed May 17, 2018
5. Hembree WC, et al. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. *J Clin Endocrinol Metab*, November 2017, 102(11):3869–390
6. Hayes, Inc. Suppression of Puberty in Adolescents with Gender Dysphoria. Search & Summary. March 9, 2017

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